

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>me</i>	<i>45</i>	<i>5/23</i>
FORMALITY REVIEW	<i>for</i>	<i>50860</i>	<i>1/6/01</i>
RESPONSE FORMALITY REVIEW	<i>fr</i>	<i>1127</i>	<i>01/23/02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)

MS
06/10/01
1/23/02
907